



## HIPAA Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

I, Jodi Taub, LCSW have been and will always be totally committed to maintaining patient confidentiality. I will only release healthcare information about you in accordance with federal and state laws and ethics of the psychotherapeutic profession.

This notice describes my policies related to the use and disclosure of your healthcare information.

Uses and disclosures of your health information may be used for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes.

TREATMENT- I may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and potential referral sources.

PAYMENT- You are solely responsible for any and all information needed to verify Out of Network insurance coverage and/or benefits with your insurance carrier. It is your responsibility to process your claims as well as information required for billing and collection purposes. It is your responsibility to bill insurance and obtain reimbursement in a timely manner. **Please note that some insurance companies may deny coverage if claims submission is not conducted in a timely manner.** Payment is due at the time of service. If payment is not received, Jodi Taub, LCSW, LLC has the right to deny coverage. Any sessions not covered are subject to additional interest charges. Legal action may result due to a lack of payment or coverage.

HEALTHCARE OPERATIONS- We may need to use information about you to review our treatment procedures and business activity. Clinical and billing information can be used for certification, compliance and licensing activities.

**Other uses or disclosures of your information which does not require your consent:** There are some instances where we may be required to use and disclose information without your consent. For example, but not limited to: Information you and/or your child or children report about physical or sexual abuse; then by New York State Law, we are obligated to report this to the Department of Children and Family Services. If you provide information that informs us that you are in danger of harming yourself or others. I have the right to override your privacy consent in order to ensure safety for yourself and others. By law, Jodi Taub, LCSW is considered a mandated reporter. This may entail speaking with law enforcement, family members or identified support systems, and medical professionals. In addition, I have the right to disclosure of information reminding you of /or to reschedule appointments or treatment alternatives, and information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order.

*Jodi Taub, LCSW*

I have read and agree to the above terms and expectations.

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_